

PROVIDER MANUAL

FOR

**COMMUNITY MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
ADDICTIVE DISEASES
PROVIDERS**

**UNDER CONTRACT WITH
THE DIVISION OF MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
ADDICTIVE DISEASES**



July 2005

**FY06 Provider Manual for Community Mental Health, Developmental Disabilities and
Addictive Diseases Providers under Contract with the Division of MHDDAD**

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PURPOSE AND SCOPE OF THE PROVIDER MANUAL FOR DHR, DMHDDAD, CONTRACTORS AND SUBCONTRACTORS

Contracts are made and entered into by and between the Department of Human Resources, through its Division of Mental Health, Developmental Disabilities, and Addictive Diseases, (hereinafter referred to as the Division of the Department, and the terms may be used interchangeably) an agency of the State of Georgia legally empowered to contract pursuant to the Official Code of Georgia Annotated 37-2- -5-2(5). The Department through the Division will perform its responsibilities and obligations pursuant to the contract through its regional offices. Such regional offices are a part of the Division and shall manage all aspects of the contract on behalf of the Department. All policies will be revised to reflect changes resulting from the passage of HB 498 as they come up for their annual reviews. **The purpose of this Provider Manual, referenced within the body of the contract, is to provide standards and requirements for all individual and organizational providers who contract or subcontract with the Division.** The Provider Manual is applicable to all individual and organizational contractors and to their approved subcontractors.

The Provider Manual is not inclusive of all Federal and State laws, rules and regulations that may be applicable to the provider's service(s) and/or funding source(s). All providers are encouraged to review the source law, rule or regulation applicable to the service(s) provided by the provider.

The Provider Manual is organized by subject matter. Chapter C of this Section summarizes the applicability of the content of this Manual by disability type and prevention programs.

APPLICABILITY OF FY05 PROVIDER MANUAL BY DISABILITY TYPE AND PREVENTION PROGRAMS

I. Introduction

| Chapter | DISABILITIES FOR WHICH SERVICES ARE PURCHASED IN CONTRACT | | | |
|-------------------------------------|---|-------|------------------------------------|------------|
| | Mental Health | MR/DD | Substance Abuse/Addictive Diseases | Prevention |
| A. Purpose and Scope of Manual | Yes | Yes | Yes | Yes |
| B. Applicability of Manual Sections | Yes | Yes | Yes | Yes |
| Appendices | | | | |

I. Definitions and Descriptions

| Chapter | DISABILITIES FOR WHICH SERVICES ARE PURCHASED IN CONTRACT | | | |
|--|---|--|---|---|
| | Mental Health | MR/DD | Substance Abuse/Addictive Diseases | Prevention |
| A. Consumer Eligibility | Yes | Yes | Yes | Yes |
| B. Service Locator Sheet | Yes | Yes | Yes | Yes |
| C. Screening, Crisis and Outreach Services | Yes, for services specified in contract | Yes, for services specified in contract | Yes, for services specified in contract | Yes, for services specified in contract |
| D. Outpatient Services | Yes, for services specified in contract | Yes, for services specified in contract ** | Yes, for services specified in contract | N/A |
| E. Day and Employment Services | Yes, for services specified in contract | Yes, for services specified in contract ** | Yes, for services specified in contract | N/A |

| | | | | |
|---|---|---|---|--|
| F. Personal Living and Residential Services | Yes, for services specified in contract | Yes, for services specified in contract ** | Yes, for services specified in contract | N/A |
| G. Service Entry and Linkage | Yes, for services specified in the contract | N/A | Yes, for services specified in the contract | Yes, for services specified in contract |
| H. Other Services | Yes | N/A | Yes | N/A |
| I. RFW and Other TANF Programs | Yes | Yes | Yes | N/A |
| J. Prevention Services | N/A | N/A | N/A | Yes, for services specified in the contract. |
| Appendices | | | | |
| 1. Adult Core Customer Eligibility Determination Form | Yes | Yes, with a diagnostic behavioral or psychiatric issue meeting functional criteria. | Yes | N/A |

III. Standards

| Chapter | DISABILITIES FOR WHICH SERVICES ARE PURCHASED IN CONTRACT | | | |
|---------------------------------------|---|-------|------------------------------------|------------|
| | Mental Health | MR/DD | Substance Abuse/Addictive Diseases | Prevention |
| A. Accreditation and Certification | Yes | Yes | Yes | N/A |
| B. Core Requirement for All Providers | Yes | Yes | Yes | Yes |

| | | | | |
|---|--|---|--|-----|
| C. Core Requirement for Crisis Stabilization Programs | Yes, if contract specifies crisis stabilization services | Yes, if contract specifies crisis stabilization services and MR consumer served | Yes, if contract specifies crisis stabilization services | N/A |
| D. Operating Procedures for Respite and Family Support Services | N/A | Yes | N/A | N/A |
| E. Child and Adolescent MATCH Requirements | Yes | Yes | Yes | N/A |
| F. Community Living Arrangements Rules | Yes | Yes | Yes | N/A |
| G. MR/DD Medicaid Services | N/A | Yes | N/A | N/A |
| Appendices | | | | |
| 1. Family Support Services Specialized Equipment Definitions | N/A | Yes | N/A | N/A |
| 2. Family Support Waiver | N/A | Yes | N/A | N/A |
| 3. Family Support Agreement | N/A | Yes | N/A | N/A |
| 4. Respite Report | N/A | Yes | N/A | N/A |

IV. Fund Source Requirements

| Chapter | DISABILITIES FOR WHICH SERVICES ARE PURCHASED IN CONTRACT | | | |
|------------------------------|---|-------|------------------------------------|------------|
| | Mental Health | MR/DD | Substance Abuse/Addictive Diseases | Prevention |
| A. Mental Health Block Grant | Yes, if MHBG funds specified in contract | N/A | N/A | N/A |
| B. Substance | | | Yes, if SAPTBG | Yes |

| | | | | |
|--|---|---|---|--|
| Abuse, Prevention and Treatment Block Grant | N/A | N/A | funds specified in contract | |
| C. Safe & Drug Free Schools Block Grant | N/A | N/A | N/A | Yes, if Safe and Drug Free Block Grant funds specified in contract |
| D. Social Services Block Grant | N/A | Yes, if SSBG funds specified in contract | N/A | N/A |
| E. Programs Serving Children and Adolescents | Yes, if children are served | Yes, if children are served | Yes, if children are served | Yes, if children are served |
| F. Disclosure of Lobbying Activities | Yes, if federal funds specified in contract | Yes, if federal funds specified in contract | Yes, if federal funds specified in contract | Yes, if federal funds specified in contract |
| G. Projects for Assistance in Transition from Homelessness | Yes | N/A | Yes | N/A |
| Appendices | | | | |
| 1. Prevention Reporting Form, Substance Abuse and Safe & Drug Free Schools Block Grants. | N/A | N/A | N/A | Yes |
| 2. Standard Form-LLL Disclosure Form to Report Lobbying. | Yes | Yes | Yes | Yes |
| 3. Form 5536, Notification Form for Title XX Services | N/A | Yes | N/A | N/A |

V. General Policies, Procedures and Guidelines

| Chapter | DISABILITIES FOR WHICH SERVICES ARE PURCHASED IN CONTRACT | | | |
|--|---|-------|------------------------------------|------------|
| | Mental Health | MR/DD | Substance Abuse/Addictive Diseases | Prevention |
| A. Contracting & Subcontracting | Yes | Yes | Yes | Yes |
| B. Insurance Requirements | Yes | Yes | Yes | Yes |
| C. Criminal Records Investigations for Employees | Yes | Yes | Yes | Yes |
| D. Confidentiality | Yes | Yes | Yes | Yes |
| E. DHR Policy and Procedures on Protection of Human Subjects | Yes | Yes | Yes | Yes |
| F. Open Meeting and Open Records | Yes | Yes | Yes | Yes |
| G. Management of Consumer Funds | Yes | Yes | Yes | N/A |
| H. Reporting and Investigation of Deaths and Serious Incidents | Yes | Yes | Yes | Yes |
| I. Records, Data, Collection and Management | Yes | Yes | Yes | Yes |
| J. Division Planning List Policy for Persons with MR/DD | N/A | Yes | N/A | N/A |
| K. Division Contract Dispute Resolution Procedures | Yes | Yes | Yes | Yes |
| L. Division Consumer Grievance Procedure | Yes | Yes | Yes | Yes |
| M. Division Emergency Preparedness and Response Procedure | Yes | Yes | Yes | Yes |

| | | | | |
|---|-----|-----|-----|-----|
| N. Division Procedure for Waiver of Eligibility Standards | Yes | Yes | Yes | Yes |
|---|-----|-----|-----|-----|

| | | | | |
|---|-----|-----|-----|-----|
| O. Division CQI Policy | Yes | Yes | Yes | Yes |
| P. Single Point of Entry | Yes | Yes | Yes | Yes |
| Q. Region of Responsibility Determination | Yes | Yes | Yes | N/A |
| R. Guidelines for Termination of Services Due to Refusal to Pay | Yes | Yes | Yes | N/A |
| S. External Entities Audit Standards and Sanctions | Yes | Yes | Yes | Yes |
| T. Residential site Visit Procedures | Yes | N/A | Yes | N/A |
| U. HIPAA Privacy Rule Instructions | Yes | Yes | Yes | Yes |
| V. Protection of Individually Identifiable Health Information- Compliance with HIPAA Privacy Rule and Protocols | Yes | Yes | Yes | Yes |
| W. Hospital Admission Criteria | Yes | Yes | Yes | N/A |
| X. Discharge Criteria | Yes | Yes | Yes | N/A |
| Y. Sharing Consumer Information with Other Providers | Yes | Yes | Yes | Yes |
| Appendices | | | | |
| 1. Contract Transmittal Form | Yes | Yes | Yes | Yes |
| 2. Authorization for Release of Criminal Records Information | Yes | Yes | Yes | Yes |
| 3. Continuing Review Form, Protection of Human Subjects | Yes | Yes | Yes | Yes |
| 4. Project Status Form, | | | | |

| | | | | |
|--|-----|-----|-----|-----|
| Protection of Human Subjects | Yes | Yes | Yes | Yes |
| 5. Application for Approval Using Human Subject Form | Yes | Yes | Yes | Yes |
| 6. Format Guide for Consent Form, Protection of Human Subjects | Yes | Yes | Yes | Yes |

| | | | | |
|---|-----|-----|-----|-----|
| 7. Notice of Privacy Practices | Yes | Yes | Yes | Yes |
| 8. Authorization for Use or Disclosure of Protected Health Information | Yes | Yes | Yes | Yes |
| 9. HIPAA Business Associate Agreement | Yes | Yes | Yes | Yes |
| 10. Data Attestation Form | Yes | Yes | Yes | Yes |
| Reporting and Investigating Deaths and Serious Incidents Policy Appendices with Attachments | Yes | Yes | Yes | Yes |
| A. Report of Consumer Death Community Providers | Yes | Yes | Yes | Yes |
| B. Reportable Incidents Involving Consumers of the Mental Health, Developmental Disabilities and Addictive Diseases Service Delivery System | Yes | Yes | Yes | Yes |
| C. Format for Final Report | Yes | Yes | Yes | Yes |
| D. Protocol for Investigations | Yes | Yes | Yes | Yes |
| E. Report of Serious Incident Community Providers | Yes | Yes | Yes | Yes |
| F. Serious/Unusual Incident Report | Yes | Yes | Yes | Yes |
| G. Report of Death in a State Operated Facility | Yes | Yes | Yes | Yes |

| | | | | |
|--|-----|-----|-----|-----|
| H. Sentinel Event Protocol and Attachments 1, 2, 3, 4, 5, 6, and 7 | Yes | Yes | Yes | Yes |
|--|-----|-----|-----|-----|

VI. Financial, Budget and Reporting Requirements

| Chapter | DISABILITIES FOR WHICH SERVICES ARE PURCHASED IN CONTRACT | | | |
|---|---|--|--|--|
| | Mental Health | MR/DD | Addictive Diseases | Prevention |
| A. Financial Accountability | Yes | Yes | Yes | Yes |
| B. Use of Program Income | Yes | Yes | Yes | Yes |
| C. Procedures for Authorization | Yes | Yes | Yes | Yes |
| D. Equipment, Property and Vehicles | Yes | Yes | Yes | Yes |
| E. Budgeting and Reporting Instructions | | | | |
| a. Overview | Yes | Yes | Yes | Yes |
| b. Performance Based Reimbursement | Yes, if payment method specified in contract | Yes, if payment method specified in contract | Yes, if payment method specified in contract | N/A |
| c. Fixed Rate Reimbursement | Yes, if payment method specified in contract | Yes, if payment method specified in contract | Yes, if payment method specified in contract | Yes, if payment method specified in contract |
| d. Expense Based Reimbursement | Yes, if payment method specified in contract | Yes, if payment method specified in contract | Yes, if payment method specified in contract | Yes, if payment method specified in contract |
| Appendices | | | | |
| 1. DHR Grants-to-Counties Policy | | | | |

| | | | | |
|--|-----|-----|-----|-----|
| and Procedures Manual Part 11 K 1 Section 1: <u>Use of Program Income</u> | Yes | Yes | Yes | Yes |
| 2. Authorized Signatures, Mailing Addresses and Telephone Numbers for Fiscal Matters | Yes | Yes | Yes | Yes |
| 3. MHDDAD Budget & Expense Programs | Yes | Yes | Yes | Yes |
| 4. Budget and Expense Codes Table | Yes | Yes | Yes | Yes |
| 5. UAS to MHMRIS Crosswalk | Yes | Yes | Yes | Yes |
| 6. Form 1186, Budget and Expense Sum | Yes | Yes | Yes | Yes |

| | DISABILITIES FOR WHICH SERVICES ARE PURCHASED IN CONTRACT | | | |
|--|--|--|--|--|
| | Mental Health | MR/DD | Addictive Diseases | Prevention |
| 7. Form 1272, Supporting Budget Schedule: Revenue | Yes | Yes | Yes | Yes |
| 8. Form 1261, Monthly Income and Expense Report, Program Reporting Category (Subprogram) | Yes, if Performance Base Reimbursement | Yes, if Performance Base Reimbursement | Yes, if Performance Base Reimbursement | Yes, if Performance Base Reimbursement |
| 9. Form 1262, Monthly Income and Expense Report, Budget Program Reporting (Program) | Yes, if Performance Base Reimbursement | Yes, if Performance Base Reimbursement | Yes, if Performance Base Reimbursement | Yes, if Performance Base Reimbursement |
| 10. Performance Based Contract Budget Program | Yes, if Performance | Yes, if Performance | Yes, if Performance | Yes, if Performance |

| Contract Budget Program Monthly Reporting Summary (sample) | Base Reimbursement | Base Reimbursement | Base Reimbursement | Base Reimbursement |
|---|---|--|---|---|
| 11. Form 1189, Monthly Income and Expense Report, Program Level | Yes, if fixed rate or expense reimbursement | Yes, if fixed rate or expense reimbursemen t | Yes, if fixed rate or expense reimbursement | Yes, if fixed rate or expense reimbursement |
| 12. Form 1192, Monthly Income and Expense Report, Subprogram Level | Yes, if fixed rate or expense reimbursement | Yes, if fixed rate or expense reimbursemen t | Yes, if fixed rate or expense reimbursement | Yes, if fixed rate or expense reimbursement |
| 13. Form 1244, Supporting Budget Schedule: Non- Participating Expenses | Yes, if expense reimbursement | Yes, if expense reimbursemen t | Yes, if expense reimbursement | Yes, if expense reimbursement |
| 14. Form 1243, Supporting Budget Schedule: Depreciation Charges | Yes, if expense reimbursement | Yes, if expense reimbursemen t | Yes, if expense reimbursement | Yes, if expense reimbursement |
| 15. Form 1240, Supporting Budget Schedule: Equipment Purchases | Yes, if expense reimbursement | Yes, if expense reimbursemen t | Yes, if expense reimbursement | Yes, if expense reimbursement |
| 16. Form 1241, Supporting Budget Schedule: Intra/Inter Agency Transactions | Yes, if expense reimbursement | Yes, if expense reimbursemen t | Yes, if expense reimbursement | Yes, if expense reimbursement |

(1) Applicable to Autism and Developmental Disabilities, unless otherwise noted.